

Agency Adoption Program - Individual Case Report

INSTRUCTIONS: Complete at the time the adoption is finalized (granted by the court) or the child is removed from an adoptive placement. Submit within ten days after finalization or removal unless the removed child is immediately re-placed with at least one of the parents from whom he or she was removed.

CASE IDENTIFICATION SECTION

A. CHILD'S NAME	B. ADOPTIVE PARENT(S)' NAME(S)
C. CHILD'S AGENCY NAME, LOCATION, AND CODE	
D. STATE ADOPTION CASE NUMBER	E. TYPE OF REPORT:
Alpha	Numeric
	ADA
	<input type="checkbox"/> Completed adoption
	1
	<input type="checkbox"/> Removal
	2

PART I. GENERAL CASE INFORMATION

1. Date this child last resided with one or both birth parent(s).	NEVER	<input type="checkbox"/>	1	MONTH	DAY	YEAR
2. First date this child began living with adoptive parent(s)						
3. Date this child legally free for adoption						
4. Date adoptive placement agreement signed						
5. Complete EITHER A or B						
A. Date adoption finalized						
B. Date of removal						
6. A. Was this a cooperative placement?				YES	<input type="checkbox"/>	1 NO <input type="checkbox"/>
B. If "YES", and the adoptive parent(s)' agency is in California, write in name of this agency and its code number; OR if the agency is outside of California, write in the name of the state.						
NAME OF CALIFORNIA AGENCY OR NAME OF OTHER STATE						
The out-of-state agency is a:	Public agency	<input type="checkbox"/>	1	Private agency	<input type="checkbox"/>	2

PART II. DATA ON CHILD

7. Sex	M	<input type="checkbox"/>	1	F	<input type="checkbox"/>	2
8. Birthdate	MONTH	DAY	YEAR			
9. A. Was this child previously placed for adoption with another family? (Adoptive placement agreement was signed.)	YES	<input type="checkbox"/>	1	NO	<input type="checkbox"/>	2
Do not include placements where the child is now being adopted by at least one of the parents with whom he or she was placed previously.						
(CONTINUED NEXT COLUMN)						

Return original copy of form to:
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
DATA SYSTEMS AND SURVEY DESIGN BUREAU,
M.S. 9-081
P.O. BOX 944243
SACRAMENTO, CA 94244-2430
FAX: (916) 657-2074

The appropriate entry for a box " " is a cross "X", and for coding cells " " is numbers " 0 | 3 | 3 ".
(Round all dollar amounts — no spaces are allowed for cents.)

B	If YES, was the adoption finalized? (If more than one previous placement, did any placement result in a finalized adoption?)	YES	<input type="checkbox"/>	1	NO	<input type="checkbox"/>	2
C.	Number of previous adoptive placements						
10.	Indicate which of the following conditions this child has: (Check all that apply)						
	Mental retardation		<input type="checkbox"/>	01			
	Visual or hearing impairment		<input type="checkbox"/>	02			
	Physical disability		<input type="checkbox"/>	03			
	Emotional disturbance		<input type="checkbox"/>	04			
	Medical condition		<input type="checkbox"/>	05			
	Behavioral problems		<input type="checkbox"/>	06			
	Developmental delay		<input type="checkbox"/>	07			
	Language developmental delay		<input type="checkbox"/>	08			
	Attention deficit disorder (ADD/ADHD)		<input type="checkbox"/>	09			
	Adverse parental background						
	Mentally ill birth parent		<input type="checkbox"/>	10			
	Drug exposed during pregnancy		<input type="checkbox"/>	11			
	Other adverse parental background		<input type="checkbox"/>	12			
	No problems identified		<input type="checkbox"/>	99			
11.	Is this child receiving special education services? (Enter code)						
	Codes:	1	Yes	2	No	3	N/A (Child not enrolled in school)
12.	A. Was this child subject to the Indian Child Welfare Act?	YES	<input type="checkbox"/>	1	NO	<input type="checkbox"/>	2
	B. If YES, name of tribe						
							CDSS
13.	Was this child a dependent of the court when referred to the adoption program?	YES	<input type="checkbox"/>	1	NO	<input type="checkbox"/>	2

PART III. DATA ON BIRTH PARENTS

14.	Birthdates of birth parents: Mother	MONTH	DAY	YEAR						
	Father									
15.	Was the birth mother married at the time of this child's birth?	YES	<input type="checkbox"/>	1	NO	<input type="checkbox"/>	2	Unk	<input type="checkbox"/>	3
16.	Did either of the birth parents:									
	A. Participate in selecting the adoptive home?	YES	<input type="checkbox"/>	1	NO	<input type="checkbox"/>	2			
	B. Meet the adoptive parent(s) face-to-face?	YES	<input type="checkbox"/>	1	NO	<input type="checkbox"/>	2			
(CONTINUED NEXT COLUMN)										

17. Action(s) to free this child for adoption. (Indicate type of action and effective date for each applicable person by entering appropriate code and date below.)

Action Codes

Court Actions	Voluntary Actions
02 Family Code 7820 et seq.	01 Standard Relinquishment signed
03 Family Code 7660 et seq.	12 Designated Relinquishment signed
04 Family Code 7666	07 Waiver signed
05 Family Code 7630 et seq.	08 Denial signed
06 Family Code 8604(c)	09 Birth parent(s) deceased
10 WIC 366.26	11 Other actions

Effective dates for the above actions:

Relinquishments, waivers and denials:	Date the form is filed with the California Department of Social Services.		
Court actions:	Date the court order is filed by the court clerk.		
Death:	Date of death.	Action Code	Effective Date
			MONTH DAY YEAR
(1)	Mother		
(2)	Presumed/legal father #1		
(3)	Presumed/legal father #2		
(4)	Alleged natural father #1		
(5)	Alleged natural father #2		

PART IV. DATA ON BIRTH AND ADOPTING PARENT(S)

18.	Race: (For each parent, enter code for race; for mixed parentage, enter code for the primary group.)	Birth Parents	Adopting Parents		
		Mother	Father	Mother	Father
		
	Codes:				
	01 White	07 Chinese	13 Hawaiian		
	03 Black	08 Cambodian	14 Guamanian		
	04 Other Asian/ Pacific Islander	09 Japanese	15 Laotian		
	05 Filipino	10 Korean	16 Vietnamese		
	06 Alaskan Native/ American Indian	11 Samoan	17 Unknown		
		12 Asian/Indian			
A.	Is this person of Hispanic origin?	Birth Parents	Adopting Parents		
	Enter code: 1 Yes, 2 No	Mother	Father	Mother	Father
19.	Education: (For each parent, enter code of highest grade completed.)				
	Codes:				
	1 8th grade and under	4 Some college/trade school	7 Unknown		
	2 Some high school	5 Four-year college graduate			
	3 High school graduate	6 Post graduate degree			
(CONTINUED OTHER SIDE)					

INSTRUCTIONS FOR COMPLETING THE
AGENCY ADOPTION PROGRAM-INDIVIDUAL CASE REPORT
FORM AD 42R (10/00)

PURPOSE, SUBMITTAL INSTRUCTIONS, AND DUE DATE

The AD 42R is used to collect child and family characteristic data concerning agency adoptions of California children. The characteristics data reported on the AD 42R Form are used for research, program planning and program evaluation. Characteristics of Agency Adoptions in California, a publication summarizing data from the AD 42R forms, is available from CDSS in printed form and on the internet at: <http://www.dss.cahwnet.gov/research>.

An AD 42R shall be submitted by the child's agency for each California child at the time the adoption is finalized (granted by the court) or the child is removed from an adoptive placement prior to finalization. **An AD 42R shall not be submitted if the child's agency is not a California agency, even though the adoption is finalized in California. The AD 42R should be submitted within ten days after the date the adoption was finalized or the child was removed from the adoptive placement. Send the completed original AD 42R to:**

California Department of Social Services
Data Systems and Survey Design Bureau; MS 9-081
P.O. Box 944243
Sacramento, California 94244-2430
FAX (916) 657-2074

Retain a copy of the AD 42R for your records.

Please provide a copy of these instructions to every staff person who completes this form.

INSTRUCTIONS FOR COMPLETING FORM

If more than one child is adopted by the same adoptive parent(s), prepare a separate AD 42R for each child.

If the child has been previously placed in an adoptive home, and the adoption was finalized, report the characteristics of the previous adoptive parent(s), rather than the birth parents, for all items except Item 18 (Race) and Item 18A (Hispanic origin) which must refer to the birth parents. If the previous adoptive placement was not finalized, report the characteristics of the birth parents.

If the adoptive placement is a cooperative placement, the agency having responsibility for the child will complete those sections of the form

describing the child, the birth parents and agency action, and enter the name of the person completing the report, agency, date and phone number in the space provided. The child's agency will then send the form to the adopting parent(s)' agency. That agency will complete the sections of the form describing the adopting parent(s), and enter the name of the person completing the report, the name of the adopting parent(s)' agency, the date, and agency phone number. The adopting parent(s)' agency will then return the form to the child's agency which will submit the completed original form to CDSS.

CASE IDENTIFICATION SECTION

- Item A** Child's Name. Enter the name of the child as shown on the relinquishment or, "Notice of Action in Lieu of Relinquishment" (AD 551A).
- Item B** Adoptive Parent(s)' Name. Enter the names of the adoptive parent(s).
- Item C** Child's Agency Name, Location, and Code. Enter the full name, address, and numeric code designation of the child's agency.
- Item D** State Adoption Case Number. Enter the complete state number with prefix (e.g., ALA 20150). This number is assigned at the time that the relinquishment, or notice of action in lieu of, are filed with the CDSS and is shown on the Acknowledgment and Confirmation of Receipt of Relinquishment Documents (AD 4333), which is sent by CDSS to the agency.
- Item E** Type of Report. Enter an "X" in the appropriate box.

PART I. GENERAL CASE INFORMATION (For Items 1-5, if day is unknown, leave day blank)

- Item 1** Date this child last resided with one or both birth parent(s). Enter the month, day and year this child last resided with one or both birth parent(s) on a regular basis. If child was separated from the birth parent(s) at birth, "X" Never box.
- Item 2** First date this child began living with adoptive parent(s). Enter the month, day and year this child began living with adoptive parent(s). This includes placement prior to adoptive placement (i.e., foster care or informal care by relatives or others). If placement was interrupted and the interruption was shorter than the placement prior to the interruption, then use the first date this child began living with the adoptive parent(s); otherwise, use the date this child was next placed in the home.

- Item 3** Date this child legally free for adoption. Enter the month, day and year. Enter the most recent of the following dates: (a) For relinquishment - date shown on the Acknowledgment and Confirmation of Receipt of Relinquishment Documents (AD 4333); (b) For court terminations - the date of the court action unless an appeal occurred in which case the date the appeal was resolved should be entered. This date should be the same as the most recent date shown in Item 17.
- Item 4** Date adoptive placement agreement signed. Enter the date that the legally free child or, in very limited circumstances, the partially free child was formally placed for adoption with the adopting parent(s).
- Item 5** Complete Either A or B. If Item E in the Case Identification Section indicates this is a completed adoption, complete 5A by entering the date of the court order granting the adoption. If Item E indicates this is a removal, complete 5B by entering the date the child was formally removed from the home.
- Item 6A** Was this a cooperative placement? A cooperative placement is one where the adoptive parent(s)' agency is not the same agency as the child's agency. Enter an "X" in the appropriate box. If the child's agency is not located in California, the adoption is not counted as a California adoption and an AD 42R should not be completed.
- Item 6B** If "Yes", and the adoptive parent(s)' agency is in California, write in the name of this agency and its code number; OR if the agency is outside of California, write in the name of the state.

For California agencies, use the code in Item C (Child's Agency Code in the Case Identification Section) if known. For agencies in other states, enter the name of the state and indicate whether the agency is a public or private agency.

PART II. DATA ON CHILD

- Item 7** Sex. Enter an "X" in the appropriate box.
- Item 8** Birthdate. Enter month, day and year of child's birth.

**INSTRUCTIONS FOR COMPLETING THE
AGENCY ADOPTION PROGRAM-INDIVIDUAL CASE REPORT
FORM AD 42R (10/00) (Continued)**

Item 9A **Was this child previously placed for adoption with another family?** Enter “X” in the appropriate box. Do not answer “Yes” when an adoptive placement agreement was not signed. Do not answer “Yes” when the previous placement was with at least one of the current adoptive parents. (For example, do not answer “Yes” when the child was first placed with two parents who divorced prior to completion of the adoption and the child was removed from the adoptive placement with the two parents and replaced for adoption with one of them).

Item 9B **If “Yes”, was the adoption finalized?** Enter an “X” in the appropriate box. Answer “Yes” if any previous adoptive placement resulted in a finalized adoption.

Item 9C **Number of previous adoptive placements.** Enter the number of previous formal adoptive placements. Do not count placements where at least one adoptive parent is the same as the parent in the former placement as separate placements.

Item 10 **Indicate which of the following conditions this child has: (Check all that apply.)**

Enter an “X” in the appropriate boxes. If the child has none of the indicated conditions, enter an “X” in the last box (“No problems identified”).

“Mental retardation” means significantly subaverage general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affects a child’s/youth’s socialization and learning, as diagnosed by a qualified professional.

“Visual or hearing impairment” means having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance, as diagnosed by a qualified professional.

“Physical disability” means a physical condition that adversely affects the child’s day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities, as diagnosed by a qualified professional.

“Emotional disturbance” means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal

problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. This condition must be clinically diagnosed based on the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (e.g., DSM IV).

“Medical condition” means any physiological condition not described in the above four conditions such as dependency on life support devices (e.g., respirators, dialysis machines) or conditions such as cancer, diabetes, heart disease and genetic disorders.

“Behavioral problems” means behaviors that are abusive, aggressive or disruptive in ways detrimental to life, comfort and/or property of the child and/or others.

“Developmental delay” means that the child, while not developmentally disabled, is functioning below age level in a way that requires special education or other special treatment.

“Language developmental delay” means that the child’s development appears normal except for delayed speech development.

“Attention deficit disorder (ADD/ADHD)” means that the child has been diagnosed as having attention deficit disorder or attention deficit/hyperactivity disorder by a qualified professional.

“Adverse parental background - Mentally ill birth parent” means that at least one of the child’s birth parents had a mental illness such as bipolar disorder or schizophrenia that may be hereditary.

“Adverse parental background - Drug exposed during pregnancy” means that the birth mother admitted to using drugs during pregnancy or tested positive for drugs during pregnancy or at the time of delivery or that the child tested positive for drugs at the time of birth. “Drugs” means controlled substances specified in Schedules I to V inclusive of Division 10 (commencing with Section 11000) of the Health and Safety Code.

“Adverse parental background - Other adverse parental background” means parental conditions or actions other than parental mental illness or prenatal drug exposure which are likely to lead to the development of health conditions in the child. Abuse and neglect of the child are included in this category.

“No problems identified” means that the child has none of the problems listed above.

Item 11 **Is this child receiving special education services?** Enter a code in the box. “Special education services” means public or private school services provided pursuant to an Individualized Education Plan (IEP).

Item 12A **Was this child subject to the Indian Child Welfare Act?** Enter an “X” in the appropriate box.

Item 12B **If “Yes”, name of tribe.** Enter the name of the tribe which found the child to be subject to the Indian Child Welfare Act. (Leave the CDSS code box blank. CDSS will assign codes per program specifications.)

Item 13 **Was the child a dependent of the court when referred to the adoption program?** Enter an “X” in the appropriate box.

PART III. DATA ON BIRTH PARENTS

ITEM 14 **Birthdates of birth parents.** If dates are unknown, write in “unknown” next to the appropriate parent. If approximate but not exact birthdate or age is known, write “estimate” next to information shown.

Item 15 **Was the birth mother married at the time of this child’s birth?** Enter an “X” in the appropriate box. Answer “Yes” if the mother was married to any man at the time of this child’s birth. The husband need not be the father of this child nor need he have any relationship, other than that of legal marriage, with the mother.

Item 16A **Did either of the birth parents participate in selecting the adoptive home?** This applies only to relinquishments or when specified in the will of deceased parents. Enter an “X” in the appropriate box.

Item 16B **Did either of the birth parents meet the adoptive parent(s) face-to-face?** Enter an “X” in the appropriate box.

Item 17 **Action(s) to free child for adoption.** For each identified parent enter the type of action under “Action Code” and the effective date of the action under “Effective Date.” Relinquishments, waivers, and denials are effective on the date the form is filed with the California Department of Social Services. Court actions are effective on the date the court order is filed with the court clerk. When a parent has died, the effective date is the date of death.

INSTRUCTIONS FOR COMPLETING THE
AGENCY ADOPTION PROGRAM-INDIVIDUAL CASE REPORT
FORM AD 42R (10/00) (Continued)

PART IV. DATA ON BIRTH AND ADOPTING PARENT(S)

Items 18 and 19 shall be completed by entering a code in the appropriate box in each column. However, for single parent adoptions, draw a vertical line through the coding boxes for the inapplicable parent.

Item 18 **Race.** Enter a code in the appropriate box for each person to show the racial background of each of the birth parents and adopting parent(s). If the parent is of mixed race, indicate the background by checking the primary race. In cases of mixed race where no one race is primary, determine the race using the following order: Alaskan Native/American Indian, black, Filipino, Asian, white, unknown. (For example, if a person is a mixture of American Indian and black, check Alaskan Native/American Indian; if a person is a mixture of black and white, check black; if a person is a mixture of Filipino and Chinese, check Filipino.)

“White” means a person whose ancestry is of European, North African, or Middle Eastern origin.

“Black” means a person whose ancestry is any of the racial groups of Africa except North Africa.

“Other Asian/Pacific Islander” means a person whose ancestry is in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands whose specific place of origin is not listed in items 05 through 16.

“Filipino” means a person whose ancestry is of the Philippine Islands.

“Alaskan Native/American Indian” means a person whose ancestry is of the Americas and who maintains tribal affiliation or is so recognized in the community.

“Chinese” means a person whose ancestry is of China.

“Cambodian” means a person whose ancestry is of Cambodia.

“Japanese” means a person whose ancestry is of Japan.

“Korean” means a person whose ancestry is of Korea.

“Samoan” means a person whose ancestry is of Samoa.

“Asian/Indian” means a person whose ancestry is of the Indian subcontinent.

“Hawaiian” means a person whose ancestry is of the Hawaiian Islands.

“Guamanian” means a person whose ancestry is of Guam.

“Laotian” means a person whose ancestry is of Laos.

“Vietnamese” means a person whose ancestry is of Vietnam.

“Unknown” means that it is not possible to place the person in any of the above categories.

Item 18A **Is this person of Hispanic origin?** Enter the correct code (1 Yes, 2 No) for each person. This item is separate from Item 18 and both items must be completed for each person. (For example, a person from Cuba might be black and Hispanic; a person from Mexico, white and Hispanic; a person from Peru, Japanese and Hispanic.)

Item 19 **Education.** Enter a code to show the highest year of schooling completed by each birth parent and each adopting parent. Consider completion of work in regular schools only (such as public, private or parochial schools, colleges, universities or professional schools). Post-secondary training in trade schools is included in code 4.

PART V. DATA ON ADOPTING PARENT(S)

Item 20 **Date application received.** Enter month, day and year that the agency received the signed application from the adopting parent(s).

Item 21 **Date approved for placement.** Enter month, day and year in which the home was approved for placement of this child. The date must be prior to the date the adoptive placement agreement was signed.

Item 22 **Is the adopting parent a single parent?** For this item, indicate whether this child is being adopted by only one person. “Single parent” has no reference to the marital status of the adopting parent.

Item 23 **Is either adopting parent related to this child by blood, marriage, or through previous adoption?** Enter the appropriate code for each adopting parent. If “Other”, write the relationship and leave the CDSS code box blank. CDSS will assign codes per program specifications.

Item 24 **Marital status of adopting parent(s) at time of finalization or removal.** Enter the appropriate code.

Item 25 **Birthdate(s) of adopting parent(s).** If exact birthdate or age is unknown, estimate age and write “estimate” next to the information shown.

Item 26 **Number of minor children in family of adopting parent(s).** Enter number of children where appropriate. Do not enter zeros.

Item 26A “This adoptive child” is already filled in with a 1.

Item 26B “Other children being adopted at this time” refers to children in the home (other than the subject of this report) for whom an adoptive placement agreement has been, or soon will be, signed.

Item 26C “Previously adopted” means those children for whom an adoption has been finalized (excluding stepparent adoptions).

Item 26D “Birth children” refers to either or both of the prospective adopting parent(s)’ biological children and not those being adopted or previously adopted.

Item 26E “Foster children” refers to those children in foster care with none of the above actions pending or in progress.

Item 26F “Wards” refers to children for whom the adopting parent(s) are the legal guardians.

Item 26G “Other children” means other minor children in the family of the adopting parent(s) living in the home. This includes relatives, etc.

Item 26H “Total minor children in family” means the total number of children listed in Items 26A through G. If there are no other children in the home, the total will be one.

Item 27A **Number of known siblings this child has other than those shown in Item 26B (01).** Enter the number of brothers and sisters this child has who are not being placed for adoption with adoptive parent(s) at this time. Half siblings with whom this child’s birth parent has contact (or had contact prior to removal) should be counted as siblings.

Item 27B **Number of these siblings living with adoptive parent(s).** Of those siblings shown in item 27A, enter the number who are living with the adoptive parent(s). Only count siblings who are not being placed for adoption with this family at this time.

Item 27C **Of those siblings shown in 27B, enter the number who are:** This item shows the current status of this child’s birth siblings living with the adoptive parent(s) who are not being placed for adoption at this time.

**INSTRUCTIONS FOR COMPLETING THE
AGENCY ADOPTION PROGRAM-INDIVIDUAL CASE REPORT
FORM AD 42R (10/00) (Continued)**

- Item 28** **Number of adults living in adoptive home at time of finalization or removal.** Enter the number in the appropriate box. Identify those adults who currently plan to live within the adoptive home for longer than three months.
- Item 29** **Employment status of adoptive parent(s) prior to adoptive placement of this child.** Enter a code in the appropriate box.
- Item 30** **Annual gross income.** Note: These items ask for annual (i.e., yearly) income data. Multiply monthly income data by 12 to obtain the annual income data.
- Item 30A** **Adopting parent(s) earned and unearned annual income.**
- Item 30B** **This child's unearned annual income.** One source for this figure is the child's unearned income as shown in Item 1a of the Request for Adoption Assistance (AAP 1) plus the child's Adoption Assistance Program (AAP) benefit.
- Item 30C** **Other minor children's unearned annual income.**
- Item 30D** **Total family income.** Enter the total of the above three items.
- Item 31A** **Adoption agency services fee paid by adoptive parent(s) for this child.** Enter the sum which the agency and the adopting parent(s) agreed upon as the fee for placement services for this child. If the fee was waived, write "0". If the agency fee includes more than one child, divide the total amount by number of children being placed and enter the amount. If the adopting parent(s) paid a fee to more than one agency, the total fees paid to all agencies should be entered.
- Item 31B** **Fee is.** Enter appropriate code. Agencies who determine fees with sliding scales should use code 01 (full amount) if the fee was the agency's maximum fee, and code 02 (reduced) if the fee was less than the maximum fee.

PART VI. ADOPTION ASSISTANCE PROGRAM (AAP)

- ITEM 32A** **Did the adoptive parent(s) sign an Adoption Assistance Agreement (AD 4320)?** Enter an "X" in the appropriate box.
- Item 32B** **Enter code for only one of the following items.** If this child is receiving a cash payment, specify the amount in 03.

- Item 32C** **The primary basis for this child's AAP eligibility.** Enter the appropriate code. If more than one factor leads to this child being eligible for AAP, enter the code for the most important factor. If code 4 (mental, physical, emotional, or medical disability) is entered, at least one item (excluding "No problems identified") must be checked in Item 10.
- Item 32D** **Federal eligibility.** Enter an "X" in the appropriate box. This child's federal eligibility status is indicated by the aid code in the payment case number/medical number. If the third and fourth digits (after the county code) are "03", this child is federally eligible. If the code is "04", this child is not federally eligible. Federal eligibility status is also indicated on the Eligibility Certification - Adoption Assistance Program (AAP 4) form.

PART VII. DATA ON REMOVAL FROM THIS ADOPTIVE PLACEMENT

Note: Complete Items 33, 34 and 35 only if the adoption was not completed and this child was removed from the adoptive placement. Removals from adoptive placement include cases where this child remains in the home, but not as an adopted child (e.g., long-term foster care, guardianship). Removals do not include cases where the child was replaced with at least one of the parent(s) from whom he or she was removed.

- Item 33** **Enter code to indicate the primary reason for removal.** Enter the appropriate code describing the reason for this child's removal from the adoptive placement. If two or more factors are present, select the most important factor. (If the reason is "Other", specify but leave the CDSS code box blank. CDSS will assign codes per program specifications.)
- Item 34** **The immediate plan at the time of removal.** Enter the code that describes the agency's current short-term plan for this child. For example, if the plan is to place the child in an already identified adoptive home after a brief foster placement, the plan is placement in another adoptive home. However, if the plan is to place the child in a foster placement with the intention of developing an adoptive placement with an as yet unidentified family, the plan is placement in a nonrelative foster home.
- Item 35** **Check any of the following services which were provided during the adoptive placement.** Check the appropriate boxes. Individual and family counseling includes both services provided by agency staff and by others to any family member(s), including this child. (If the reason is "Other", specify but leave the CDSS code box blank. CDSS will assign codes per program specifications.)

Completed by:

The person completing the form should print his/her name, agency, telephone number and the date they completed the form in the space provided. For cooperative placements, information on the adoptive parent(s) may be obtained by telephone or by mailing the partially completed form to the adoptive parent(s)' agency. The person actually completing the form for the adoptive parent(s)' agency should print his/her name, agency and telephone number, and enter the completion date. (If the adoptive parent(s)' information is taken over the telephone, the person receiving the information should enter the name, etc.) If the person completing the form is the same for both, indicate "same" in the appropriate space.